

PROTOCOLS, MEDICATIONS AND DEVICES COMMITTEE
MINUTES
February 21, 2002

MEMBERS PRESENT: Dr. Richard Thomas, Dr. Steve Curry, Patricia Ellis, Dr. Charles Finch, Marc Holyfield, Dr. Jane Lee, Terence Mason, and Terry Shine.

MEMBERS ABSENT: Janine Anderson, Dr. John Gallagher, Rob Jarvis, and Sue Kern.

GUESTS: Dr. David Bank, Jim Roeder, Roberto Torres, Mark Venuti, and Linda Worthy.

BEMS STAFF: Dr. Judi Crume, Larry Lorenzen, Karen Nelson, Mike Nervik, Susan Nicolas, and Dr. Michel Sucher.

I. CALL TO ORDER

Dr. Richard Thomas called the meeting to order at 1:20 p.m. A quorum was present.

II. DISCUSS/AMEND and APPROVE AGENDA

Motion by Patricia Ellis, seconded by Terry Shine, to approve the Agenda as presented.
Motion carried.

III. DISCUSS/AMEND and APPROVE MINUTES

Terence Mason motioned with a second by Terry Shine to approve the Minutes from September 27, 2001 as presented. Motion carried.

IV. CHAIRMAN'S REPORT

Dr. Thomas introduced Judi Crume, R.N., Ph.D., to the Committee. Dr. Crume is the new Bureau of Emergency Medical Services ("Bureau") Chief. Dr. Crume gave a brief background of herself. She then announced that Garth Gemar, M.D. resigned from the position of Bureau Medical Director and introduced Michel Sucher, M.D. who has taken over as Acting Medical Director for the Bureau. Dr. Sucher also gave a brief background on himself. Dr. Thomas then asked Drs. Crume and Sucher to consider candidates for the two openings in the Committee: "Representative from an Academic Institution" and "Pediatric Emergency Medicine." Judi and Michel agreed to do this.

V. OLD BUSINESS

A. Flowcharting of BEMS Treatment Guidelines

Since the presenter of this item, Janine Anderson, was not present at the meeting, Dr. Thomas tabled this item.

B. Nasal Narcan

Dr. Jane Lee gave a presentation on the item. She handed out a document titled "Review of Nasal (Spray) Administration of Naloxone" and went through it for the Committee. She concluded by saying that she feels the technique is safe. A discussion ensued within the Committee. Dr. Curry asked if we pass this issue today, where would it go from here. Dr. Thomas replied that it would go to the Medical Direction Commission ("MDC") for their final approval or disapproval.

If the MDC passed it, it would then go into effect. Dr. Curry made a motion to approve the use of Nasal Narcan and Patricia Ellis seconded the motion. Motion carried.

Dr. Thomas asked if there were any changes to the Nasal Narcan drug profile. A discussion took place on the administering of the Nasal Narcan. A motion by Dr. Curry, seconded by Marc Holyfield, to change the Drug Profile in the section titled "Adult Dosage:" to say: "**Intranasal:** Administer 1.0 mg in each nostril using the Mucosal Atomizer Device for a total of 2.0 mg, may repeat every 2 minutes." Also add to the "Special Notes:" section the following: "For intranasal administration, 1 mg/1 mL concentration is preferred. 0.4 mg/1 mL may be used as an alternative." Motion carried.

VI. NEW BUSINESS

A. Bumetanide vs. Furosemide

Dr. Thomas presented this item. He distributed four handouts: An Internet search on "Renal and extrarenal hemodynamic effects of furosemide in congestive heart failure after acute myocardial infarction;" a document titled "Effect of Furosemide on Pulmonary Blood Volume;" a document titled "Diuretic use in critical care;" and an Internet search titled "Diuretic use in critical care." Dr. Crume continued the presentation by stating that Catherine Eden, Ph.D., Director for the Arizona Department of Health Services ("Department") issued a directive to allow the use of bumetanide as a substitute for furosemide if there is no furosemide available. Karen Nelson, Central Region EMS Coordinator, said that she is in the process of producing a drug profile on bumetanide. Dr. Thomas tabled this item until the drug profile is available.

B. Revisions to RSI/MAI Pilot Project Protocol

Since Dr. Gallagher was not present to talk about this item, Dr. Thomas tabled this item.

C. Glucagon in OD Situations

Dr. Thomas gave out a handout titled "Glucagon for beta-blocker overdoses" and presented the issue. A discussion ensued by the Committee. A motion by Dr. Curry and seconded by Dr. Finch that all references for using glucagon for beta-block overdose be deleted from the current drug profile for glucagon. Motion carried.

D. Mark I Kits for HAZMAT Drug Box

Dr. Thomas passed out a document titled "Government Programs / Homeland Defense Nerve Agent Antidotes, Diazepam and Morphine." After a discussion by the Committee, Dr. Thomas recommended that there be no action on this item. Accepted by the Committee.

E. Change of Drug Profile for Activated Charcoal

This item was presented to the Committee by Karen Nelson. After a discussion ensued, Dr. Curry motioned with a second by Patricia Ellis to disallow the use of activated charcoal in a sorbitol base. Motion carried.

- F. Use of Alternative Drugs, such as Lorazepam or Fosphenytoin, for Seizures**
Dr. Thomas presented this item and distributed a handout titled “Alternative Drugs for Seizures.” Since there isn’t any research to present to the Committee on this subject, Drs. Lee and Bank offered to research this and return with any documentation that they can find on the use of Versed as an anticonvulsant. It was determined that there needs to be an emergency directive from the Bureau to allow Versed to be used as an anticonvulsant and be carried in the drug boxes until we get the research back. The Bureau stated that they would put together a waiver in the form of an emergency directive to allow Versed to be used as an anticonvulsant and be carried in the drug boxes.

VII. CALL TO THE PUBLIC
None to report.

VIII. MEMBERS’ EDUCATIONAL and INFORMATIONAL ANNOUNCEMENTS
None to report.

IX. NEXT MEETING
The next regular meeting of the PMD Committee is scheduled for May 16, 2002, at 1:00 p.m.

X. ADJOURNMENT
The meeting was adjourned at 2:50 p.m.

Approved by PMD on 10/24/02